RE21 AVAILABLE COLT ...

| | PATENT A | PPLICATION Effecti | N FEE DET ve October | RD | | 568 | 1- | 6410 | OC | | | | |
|--|--|---|-------------------------|------------------------------|-------------------------------|------------------|----------|---|-----------------------|-------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | | | 67 | | | | | RATE | FEE | 7 | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC F | 370.00 | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 67 minus 20= | | • 47 | | | X\$ 9= | | OR | X\$18= | 846 | |
| INDEPENDENT CLAIMS | | | 6 minus 3 = | | 3 | | | X42= | 1 | OR | X84= | 257 | |
| MUI | TIPLE DEPEN | RESENT | | | | | +140= | | OR | | 0, - | | |
| * If the difference in column 1 is less than zero, e | | | | | r *0" in ca | olumn 2 | | TOTA | - | OR | | 1838 | |
| 21105 WOLAIMS AS AMENDED - PART II | | | | | | | | 1017 | · L | 70., | OTHER | | |
| 21 | (Column 1) (Column 2) (Column 3) | | | | | | <u>_</u> | SMALL ENTITY OR SMALL ENTITY | | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONA FEE | | RATE | ADDI- TIONAL FEE | |
| MQ | Total | . 61 | Minus | ** (| 07 | = (/ | | X\$ 9= | | -OR | X\$18= | | |
| AME | Independent | • 4 | Minus | *** | Q | = (// | | X42= | | OR | X84= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |] | +140= | | OR | +280= | · | | |
| | | | | | | | | TOT | | OR | TOTAL ADDIT, FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | ADDIT. I EE | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUA PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONA FEE | 5 | RATE | ADDI- TIONAL FEE | |
| AMENDMENT B | Total | * | Minus | ** | | = | 1 | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | *** | T C! AIM | = | - | X42= | | OR | X84= | | |
| | FIRST PRESE | NTATION OF MI | ULTIPLE DEPE | NDEN | CLAIM | | J | +140= | | OR | +280= | · | |
| | | | | | | | | TOY ADDIT, F | | OR | TOTAL ADDIT, FEE | | |
| | • | (Column 1) | | | ımn 2) | (Column 3 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUA PREV | HEST MBER MOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONA FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | 4 | X42= | | OR | X84= | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | | | |
| | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | AL . | | TOTAL | | |
| | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1. | | | | | | | | | | | | |

Application or Docket Number